



**CITY OF GARDNER  
EMPLOYMENT APPLICATION  
(Equal Opportunity Employer)**

TO APPLICANT: We appreciate your interest in our organization and assure you that we are interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability or handicap.

Complete Application in Full – Please Print Clearly

Position Desired \_\_\_\_\_ Department \_\_\_\_\_

Type of Position    ☐ Full-time    ☐ Part-time    ☐ Summer/Seasonal    ☐ Temporary

Date Available to Begin Working \_\_\_\_\_

**PERSONAL DATA** (please print):

Name: \_\_\_\_\_  
                    Last                      First                      MI

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_  
                    Number & Street  
  
\_\_\_\_\_  
                    City, State, Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Cell Telephone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**EDUCATION:**

Indicate highest grade completed (1-20): \_\_\_\_\_

If you did not complete high school, do you have a GED?    \_\_\_ Yes    \_\_\_ No    Date \_\_\_\_\_

Educational Institution	Name & Location (City, State, Phone #)	Diploma or Degree Received	Course of Study/Major
High School			
College/University			
Business/Trade			
Other			

**EMPLOYMENT RECORD:** Complete your employment record for at least the past 10 years. Include military experience if applicable. Please explain any gaps between jobs in the comments section on the last page.

**Previous Company:** \_\_\_\_\_ Address: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
May we contact the employer for a reference? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Please explain your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Company:** \_\_\_\_\_ Address: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
May we contact the employer for a reference? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Please explain your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
May we contact the employer for a reference? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Please explain your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Last Salary \$ \_\_\_\_\_  
May we contact the employer for a reference? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Please explain your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS QUESTIONS:**

Are you presently employed? ☐ Yes ☐ No If yes, why do you wish to leave? \_\_\_\_\_

\_\_\_\_\_

Would you object to having any of the above employers contacted in regard to your work? ☐ Yes ☐ No  
If no, initial for approval \_\_\_\_\_. If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by the City of Gardner? ☐ Yes ☐ No  
If yes, in which department? \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have any relatives working for the City of Gardner? ☐ Yes ☐ No  
If yes, indicate: Department \_\_\_\_\_ Relationship \_\_\_\_\_

Can you, if hired, submit verification of your legal right to work in the United States: ☐ Yes ☐ No

Have you ever been convicted of an offense against the law other than a minor traffic violation?  
☐ Yes ☐ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**LICENSE INFORMATION:** Do you have:

A valid driver's license ☐ Yes ☐ No State of Issuance \_\_\_\_\_ License # \_\_\_\_\_

A valid chauffeur's license ☐ Yes ☐ No State of Issuance \_\_\_\_\_ License # \_\_\_\_\_

<u><b>Clerical</b></u>	<u><b>Technical</b></u>	<u><b>Maintenance</b></u>
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Cartography	<input type="checkbox"/> Asphalt Work
<input type="checkbox"/> Calculator	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Backhoe-Loader
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Construction Inspection	<input type="checkbox"/> Bull Dozer
<input type="checkbox"/> Copiers/Printers	<input type="checkbox"/> Drafting	<input type="checkbox"/> Chain Saw
<input type="checkbox"/> Credits/Collections	<input type="checkbox"/> EMT	<input type="checkbox"/> Concrete Work
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Illustrating	<input type="checkbox"/> Construction
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Photography	<input type="checkbox"/> Electrical
<input type="checkbox"/> Filing	<input type="checkbox"/> Surveying	<input type="checkbox"/> Farm tractor
<input type="checkbox"/> General Accounting		<input type="checkbox"/> General Labor
<input type="checkbox"/> Key punch		<input type="checkbox"/> Grader Operations
<input type="checkbox"/> Microfilm		<input type="checkbox"/> Hand Tools
<input type="checkbox"/> Payroll		<input type="checkbox"/> Landscaping
<input type="checkbox"/> Personal Computer		<input type="checkbox"/> Plumbing
<input type="checkbox"/> Purchasing		<input type="checkbox"/> Street Sweeper/Snowplow
<input type="checkbox"/> Scanners		<input type="checkbox"/> Trencher
<input type="checkbox"/> Shorthand WPM _____		<input type="checkbox"/> Truck Driver to 1-1/2 tons
<input type="checkbox"/> Switchboard/Telephones		<input type="checkbox"/> Truck Driver – over 1-1/2 tons
<input type="checkbox"/> Typing WPM _____		<input type="checkbox"/> Vehicle Mechanic
<input type="checkbox"/> Utility Billing		<input type="checkbox"/> Welding
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

Other Skills and/or licenses: \_\_\_\_\_

**MILITARY:**

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Serial Number: \_\_\_\_\_

Reserve Status: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

In not honorable, please explain: \_\_\_\_\_

Grade and Duty Assignment at Discharge/Separation: \_\_\_\_\_

**REFERENCES:**

Please list three (3) persons who are not related to you and who have a definite knowledge of your qualifications and fitness for the position for which you are applying.

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Comments: State why you believe you are qualified to perform the kind of work for which you are applying:

By my signature, I hereby certify that the information given in this application is true and correct and I understand that any misrepresentation or omission may result in the rejection of my application or in the termination of my employment at any time. I understand that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation or at any time during my employment. I further understand that all offers of employment are conditional upon the successful completion of a physical examination, drug screen and a consumer report, including criminal history, verifications of employment and education, driving record and, if applicable, a credit report.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CITY OF GARDNER  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The City of Gardner would appreciate your assistance in completing this brief questionnaire. The answers will be used solely for the purpose of evaluating and reporting the effectiveness of our recruiting and equal employment opportunity efforts. This form will be held separately from your application/resume and **will not** be used as a basis for any decisions regarding your employment.

COMPLETION OF THIS FORM IS OPTIONAL

Name: (please print) \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal

1. Date of Birth: \_\_\_\_\_

2. Gender:

- ☐ Male
- ☐ Female

3. Race: (Check One)

- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native

4. Disability:

- ☐ None
- ☐ Visual
- ☐ Hearing
- ☐ Physical
- ☐ Learning
- ☐ Other

5. Are you a veteran of the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

**How did you learn about this position?**

☐ Newspaper

- ☐ Gardner News
- ☐ KC Star
- ☐ Lawrence Journal World
- ☐ Miami County Republic
- ☐ Olathe Daily Newspaper
- ☐ Ottawa Herald

☐ City Job Posting

☐ City Website

☐ Referral:

☐ Name: \_\_\_\_\_

☐ Relative:

☐ Name: \_\_\_\_\_/Department \_\_\_\_\_

☐ Other \_\_\_\_\_